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** CONTINUING DATA *none M.G.* *****

** FOREIGN APPLICATIONS *none M.G.* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY VT	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>M.G.</i>	Initials		

ADDRESS

21918

TITLE

LSSD-COMPATIBLE EDGE-TRIGGERED SHIFT REGISTER LATCH

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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